



Fire Department / Hazardous Materials

3300 Capitol Ave, P.O. Box 5006, Fremont, CA 94537-5006

www.fremont.gov



Inspection Form

Business Name: _____

Date: _____

Inspection Area: _____

Inspector: _____

HW Storage (weekly)	Week 1		Week 2		Week 3		Week 4		Comments
	Yes	No	Yes	No	Yes	No	Yes	No	
1. Are all drums and/or containers marked with a hazardous material label?									
2. Are all drums and/or containers marked with the accumulation start date?									
3. Are there any drums and/or containers that are near or have exceeded the day time frame?									
4. Are all drums and/or containers marked with an EPA ID#?									
5. Are all drums and/or containers closed?									
6. Are all drums and/or containers labels visible and readable and on the appropriate drum and/or container?									
7. Are all drums and/or containers in good condition?									
8. All secondary containment clean and free of contamination, spills, leaks, and standing water?									
Safety Equipment (monthly)	<i>Yes</i>		<i>No</i>		<i>Comments</i>				
1. Are fire extinguishers current?									
2. Are spill kits stocked?									
3. Is the first aid cabinet stocked?									
4. Is personnel protective equipment stocked?									
Hazardous Materials (monthly)	<i>Yes</i>		<i>No</i>		<i>Comments</i>				
1. Is the secondary containment free of liquid?									
2. Are all labels showing on materials and containers?									
3. Are all flammable liquids/solids in appropriate storage?									
4. Are all rag containers closed?									
5. All compressed gas cylinders secured?									
6. Are all bulk liquids in secondary containment?									